

LO7000060048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

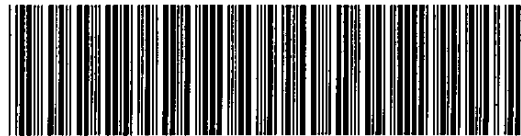
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400102338604

05/24/07--01051--007 **125.00

EFFECTIVE DATE
5/31/07

FILED
07 JUN -7 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aclanis GROUP Home
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clansuel Albizu
(Name of Person)

Albizu
(Firm/Company)

1710 W Kirby St
(Address)

Tampa FLA - 33604
(City/State and Zip Code)

For further information concerning this matter, please call:

Clansuel Albizu at (813) 516 9863
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2007

CLARISVEL A. ALBIZU
1710 W. KIRBY STREET
TAMPA, FL 33604

SUBJECT: ACLARIS GROUP HOME, LLC
Ref. Number: W07000025249

We have received your document for ACLARIS GROUP HOME, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the address of the Registered Agent. I am sending new forms please submit the new forms. For imaging purpose dont do a 2 sided document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 407A00036495

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aclaris GROUP Home LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1710 W Kirby St
Tampa FL 33604

SALE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Clarissel Albizu
Name

1710 W Kirby St
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33604
City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

[Signature]
Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Clarissel Albiu
1710 W Kirby St
Tampa FL 33604

MGRM

Miguel Albiu
1710 W Kirby St
Tampa FL 33604

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05-31-07. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Clarissel Albiu
Typed or printed name of signee

FILED
07 JUN -7 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)